

ATTACHMENT A

BASE Public Health Preparedness 2009-2010 Grant for NON - CRI Grantees

The activities identified herein are specific to the BASE Budget Period 10 (BP10) grant requirements for grantees that do not fall within one of the 23 pre-identified Cities Readiness Initiative (CRI) Local Health Departments (LHDs). Activities to be conducted during BP10 are intended to build upon each jurisdiction's previous planning activities, and are intended to strengthen emergency response and preparedness capabilities as they relate to mass prophylaxis and Crisis Emergency Risk Communications (CERC).

Required Public Health Emergency Preparedness Activities

There are six overarching requirements that non-CRI LHDs participating in the BP10 grant will be expected to meet. These requirements include: 1) conducting a Local Technical Assessment Review (LTAR) gap analysis; 2) achieve a score of 70% or higher on the LTAR; 3) participate in a CERC seminar; 4) participate in a mass prophylaxis table top exercise 5) conduct a Point of Dispensing (POD) setup drill; and 6) participate in a District POD throughput exercise. All exercise related requirements should be conducted in accordance with the guidelines set forth in the Homeland Security Exercise and Evaluation Program (HSEEP).

- 1) **LTAR Gap Analysis** – All jurisdictions participating in the grant must complete an LTAR gap analysis, and turn it in to ISDH by May 2, 2010. The gap analysis is intended to be used as a tool for the LHDs to identify their planning needs and to help them focus on strengthening these areas. This is also intended to help the grantee prepare for their evaluations in BP10. This analysis will consist of completing a gap analysis tool developed by ISDH. The ISDH team in your district may provide guidance in completing this gap analysis if requested.
- 2) **Achieve Minimum Score of 70% on LTAR** – In support of planning and preparedness efforts in BP10, each non-CRI grantee should make their best possible effort to obtain a minimum of 70% on the LTAR document. *It should be noted that while the BP10 grant attachment does not specifically list activities such as: quarterly redundant communication drills, quarterly staff call down drills, and POD and hospital re-order drills as standalone requirements, they are still required by the LTAR and should be conducted in support of attaining the minimum score requirement. ALL BP10 LTARs WILL BE COMPLETED BETWEEN MAY 10 AND JULY 16, 2010.*
- 3) **Participate in CERC Seminar** – ISDH will be conducting a seminar in each district throughout the State aimed at providing training to local jurisdictions on CERC. Every jurisdiction participating in the grant must attend the seminar in their district. These seminars will be conducted in coordination with the ISDH team and Crisis Communications Coordinator in your district.
- 4) **Participate in Mass Prophylaxis Table Top Exercise** – Each grantee must participate in a table top exercise within their local jurisdiction to test their jurisdiction's mass prophylaxis plan. The target capabilities for this exercise will be communications, emergency public information and warning, and mass prophylaxis, with the focus being on dispensing and CERC. The table top exercise will be developed and facilitated by ISDH. The participating jurisdiction will not be required to develop the exercise, but will be required to participate and submit an After Action Report (AAR) within the ISDH portal.

- 5) **Conduct a POD Setup Drill** – All participating non-CRI jurisdictions must complete at least one timed POD setup drill. The purpose of this drill is to assess the grantee’s ability to quickly set up a facility for use as a POD. The jurisdiction should first select a POD to use for the drill and should start with the facility in the condition they would expect to receive it from the owner and proceed to set it up as a POD. The jurisdiction should test the amount of time it takes to set up the POD completely including material, layout, and all supplies necessary to perform a given Strategic National Stockpile (SNS) function. As suggested in BP9, jurisdictions may choose to have volunteers run through their POD while it is setup and time the throughput in order to earn additional points on their LTAR. A minimum of 65 people must go through the POD (may be 33 people twice, 22 people three times, etc.). The throughput portion of this drill is voluntary and only meant to help with LTAR scores and is not a required part of this drill. The grantee is not required to submit a RAND worksheet associated with this drill. The jurisdiction will document what elements of their POD they have and what elements they need as part of an after action report submission in the ISDH Portal.
- 6) **District POD Throughput Exercise** – Each grantee must participate in a POD throughput exercise within their district intended to measure maximum possible throughput. ISDH District Teams will assist with the coordination of these exercises. Each grantee must participate in the development, execution, and evaluation of the exercise. The exercise planning team should consist of representatives from each of the participating jurisdictions. Exercises must be posted on the National Exercise Schedule System (NEXS) and standard HSEEP documentation, including an Exercise Plan, Controller and Evaluator Handbook, and an AAR/Improvement Plan (IP) must be developed. It is required that the jurisdiction hosting the BP10 exercise be different than the one that hosted during the previous year. The host grantee will be the jurisdiction required to submit the AAR/IP with the input of the other participants and the District Team.

Often times the preparations for dealing with an emergency must be balanced with the efforts being made to respond to an actual emergency. It is for this reason that relevant activities carried out during an emergency response, that mirror those required for preparedness, may be used in their place. If during the BP10 grant period, a jurisdiction is required to conduct activities in response to a real world emergency, it is possible they may use those activities to meet certain grant requirements. For example, if a jurisdiction is receiving emergency medical supplies from the State, and must conduct a call down of staff in preparation, a county may document this and use it as proof of a quarterly call down drill for LTAR purposes; or if a jurisdiction is conducting a vaccination clinic and decides to use one of their PODs for the clinic, the county can time the set up, complete an AAR, and use that in place of their POD setup drill.

As jurisdictions plan response activities throughout the year, they should think about grant requirements and how they may be met through real world responsibilities. In order to use an activity to meet any requirement, the proper documentation and after action report must be completed. In order to count for one of the grant requirements, the activities must be related to the preparedness requirements set forth in the grant. A jurisdiction will check with the ISDH Mass Prophylaxis Director to make sure the activity qualifies. **The final determination as to whether a real world activity fulfills a requirement in this grant lies with ISDH.**

Recommended Public Health Emergency Preparedness Activities

The activities in this section are a continuation of emergency preparedness activities from previous grant cycles. The 2006-2007 LHD Grant from ISDH outlines these and other emergency preparedness activities and is posted in the Health Data Center Portal (Portal) in the document library under LHD Deliverables 2008 Supporting Documents at <https://healthnet.isdh.in.gov/datacenter/main.aspx>. The activities in this **section are recommendations only and not required submissions**. However, engaging in these activities will contribute to a solid foundation for public health emergency preparedness and assist in the completion of the grant requirements.

Planning and Coordination

The LHD emergency response plans and activities should be coordinated and developed with local hospitals and other health care providers, including long term care facilities. The LHD should also coordinate emergency preparedness activities with the local Emergency Management Agency (EMA) and LHD plans should be integrated into the local Comprehensive Emergency Management Plan (CEMP).

Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP)

The LHD should participate in the development and implementation of the ISDH Emergency Systems for Advanced Registration of Volunteer Health Professionals (ESAR-VHP) initiative as recommended by the ISDH. Such participation includes, but is not limited to, utilizing lists provided by the ISDH to contact and recruit volunteers as well as encouraging their registration into ESAR-VHP.

National Incident Management System (NIMS)

The LHD should be compliant with the National Incident Management System (NIMS). NIMS compliance requires that the LHD identify those members of its staff and the agency's rostered volunteers who will have a response, management or command role during an emergency, and ensure that each person identified has successfully completed the appropriate NIMS courses (e.g. ICS100, 200, 300 & 400 and IS700 & 800) for their respective roles in the local incident command structure (ICS). Information on NIMS requirements and training is available through the NIMS Integration Center at: http://www.nimsonline.com/integration_center_directive.htm

BUDGET

Funds from this Grant are General Public Health Preparedness and Emergency Response for Bioterrorism funds. In accordance with federal requirements, these funds must be used to accomplish the work plan activities outlined herein or support an activity derived directly from the CDC Public Health Preparedness & Response federal cooperative agreement BASE guidance.

Federal grant funds in the amount of \$930,000 have been awarded by the Centers for Disease Control & Prevention to provide \$10,000 to each LHD throughout Indiana to continue public health preparedness planning, training, and exercise capabilities.

Grantee must submit a budget detailing the proposed use of grant funds no later than December 1, 2009. ISDH will provide the budget proposal template. If it is determined that the proposed budget is not acceptable, ISDH personnel will contact the grantee to alter or further develop the proposal as necessary. This approved budget may be altered, if necessary, on a monthly basis with written approval by ISDH. Although not required on the initial budget submission, grantee will be required to provide itemization and justification for Supply purchases (excluding general office supplies), Equipment purchases, and Contract services prior to procurement. The intent of this requirement is to mitigate and limit risks incurred by the grantee for procuring goods and services that are unallowable under the federal grant. A standard template for itemization and justification will be provided, or itemization may be submitted via email as long as they include budget category, quantity, item description, unit cost, extended cost, and justification for use. **All budget revisions shall be submitted to ISDH program directors on or before July 23, 2010, for review and approval. Any revision requests received after that date, but prior to grant year end, may be evaluated on a case by case basis.**

The grantee may have access to their allotted funds for reimbursement once the grant agreement is fully executed, the State Purchase Order is issued, and the proposed budget is approved by ISDH staff. Grantee may have access to grant funds prior to the full completion of the required activities above. If funds are received by grantee through this grant agreement without all grant requirements being met by the expiration of this grant agreement, or the due dates otherwise noted herein, the ISDH may withhold reimbursement, sanction the grantee pursuant to the "Payment of Grant Funds by the State" clause in this grant agreement, or withhold a portion of a future year's grant. This requirement is also defined within the Pandemic and All Hazards Preparedness Act (PAHPA) and the federal grant guidance.

This is a cost reimbursement agreement. All claims for reimbursement shall be submitted electronically through the ISDH ACIS claims management system within the Indiana Health Data Center Portal. Reimbursement requests shall be submitted monthly in arrears. All funds unexpended by the grantee at yearend will revert and are unavailable for carry-over.

The grantee must maintain copies of all source documentation for reimbursements claimed. A copy of this documentation does not have to be submitted to the State in conjunction with the claim, but may be requested at any time pursuant to the Access to Records clause in this grant agreement.

**** All grant funds must be encumbered on or before August 9, 2010. ****

Supplementary Information

Supplant means using Federal funds to replace other Federal, State or local funds. Funds appropriated under this section shall be used to supplement and not supplant other Federal, State, and local public funds provided for activities under this section.

Time & Activity Cost Allocations: Please note that OMB Circular A-87, Appendix B Part 225, section 8 provides specific requirements for compensation reimbursement of personnel services. Please specifically note the requirements established under 8H4 for documentation of salary and fringe cost distributions when a position is funded by more than one source.

Allowable & Unallowable Costs: Proposed use of funds may include personnel, consulting, in-state and/or out-of-state travel, supply, equipment, contractual, and other operating costs. However, under the Centers for Disease Control and Prevention Public Health Preparedness cooperative agreement, the following cost types are not allowable for reimbursement. Please note that this list is not meant to be all-inclusive, but to identify quick responses to those most frequently requested. A quick reference table specifying some allowable and unallowable types of cost can also be referenced in “Exhibit 4” of the PHS Policy Grants Statement (pages: II-31 through II-44).

- Funds may not be used to supplant other federal, state or local expenditures
- Funds may not be used to purchase vehicles, four-wheelers, golf carts, or any other type of transportation device
- Funds may not be used for construction. Funds may be used on a limited basis for alteration & renovation with **PRIOR** approval from the State and/or Federal Government
- Funds may not be used for advertising costs except as required for staff recruitment or as required for competitive procurement of goods and services.
- **Out-of State Travel:** Funds may not be used to pay for general out-of-state conference travel.
- **In-State Travel:** All travel costs will be reimbursed in accordance with the Indiana Department of Administration’s travel policies unless the grantee’s travel rules are more stringent or reimbursement rates are lower.
- Funds may not be used to purchase haz-mat, fire, or EMS supplies, services, or equipment.
- Funds may not be encumbered for use in the next fiscal year.
- Federal grant funds should not be deposited in an interest bearing account or used as an investment platform.
- Funds may not be used for entertainment purposes
- Funds may not be used to purchase food or supplies for the provision of food and refreshments, except as part of a per diem or subsistence allowance provided in conjunction with allowable travel
- Funds may not be used to purchase incentives
- Funds may not be held or set aside as contingency funds
- Funds may not be used to purchase anti-viral drugs, vaccine, vaccine administration ancillary supplies, or other medications and medical supplies for use on the general population.

Match: Although not required under this grant agreement, it is requested that the grantee report to the State any non-federal grant funds used to support Preparedness, CRI, Early Warning Infectious Disease Surveillance, or Pandemic Influenza planning, training, exercising, response, or recovery activities. Specifically applicable expenses are those not previously paid for out of any other federal grant or reported as match against another federal grant. These expenditures must be supported with expenditure detail that may be reported and provided to the federal government through the State. All expenses reported must be expenses concurrent to the grant period. Please contact the ISDH if you believe that you have expenses or donated services which may apply.

Publications: Publications, journal articles, etc. produced under a CDC grant supported project must bear an acknowledgement and disclaimer as appropriate, such as: “This publication (journal article, brochure, etc.) was supported using resources provided under federal grant award number (insert award number from federal funding information identified in grant agreement) from the Centers for Disease Control & Prevention, Coordinating Office of Terrorism Prevention and Emergency Response (COTPER) through the Indiana State Department of Health. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the State or federal government.”

Additional Grant Resources: In addition to the Federal and State legal codes referenced within the main body of this agreement, the following is a quick list of references that may be used to determine whether or not the proposed use of funds by the LHD are allowable under this agreement:

- 45CFR92 – quick internet reference:
http://www.access.gpo.gov/nara/cfr/waisidx_99/45cfr92_99.html
- OMB Circular A-87: This circular establishes the cost principles for costs incurred by state, local and Federally-recognized Indian tribal governments under the cooperative agreement.
http://www.whitehouse.gov/omb/circulars_a087_2004/
- OMB Circular A-102: This circular establishes the uniform administrative requirements for cooperative agreements to state and local governments and Federally-recognized Indian tribal governments. <http://www.whitehouse.gov/omb/circulars/a102/a102.html>
- OMB Circular A-133: This circular establishes the standards by which Federal audits of state and local governments, Indian Tribes, and non-profit organizations will be conducted.
<http://www.whitehouse.gov/omb/circulars/a133/a133.html>
- HHS Policy Grants Statement: The Health and Human Service Policy Grants statement provides additional guidance and administrative terms and conditions of HHS discretionary grant awards and cooperative agreements. http://www.hhs.gov/grantsnet/docs/HHSGPS_107.doc
- Pandemic & All Hazards Preparedness Act: The following is the web-link to the law enacted in December of 2006. <http://www.hhs.gov/aspr/omsph/nbsb/publiclaw109417.pdf>

*****THE REST OF THIS PAGE IS INTENTIONALLY LEFT BLANK*****